

# DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. LAM2P452

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  
LINEAR CHEMICAL MECHANICAL PLANARIZATION (CMP) SYSTEM AND METHOD FOR PLANARIZING A WAFER IN A SINGLE CMP MODULE, the specification of which,

(check one)

1.  is attached hereto.
2.  was filed on \_\_\_\_\_ as  
U.S. Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_.
3.  was filed on \_\_\_\_\_ as  
International PCT Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

## Prior Foreign Application(s)

			Priority Benefits Claimed?
(Appl. No.)	(Country)	(Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

And I hereby appoint the law firm of Martine & Penilla, L.L.P., including Peter B. Martine (Reg. No. 32,043), Albert S. Penilla (Reg. No. 39,487), Chester E. Martine, Jr. (Reg. No. 19,711), Edmund H. Mizumoto (Reg. No. 46,938), Rick von Wohld (Reg. No. 48,018), Michael L. Gencarella (Reg. No. 44,703), George Brian Leavell (Reg. No. 45,436), Fariba Yadegar-Bandari (Reg. No. 53,805), Kenneth D. Wright (Reg. No. 53,795), Michael K. Hsu (Reg. No. 46,782), and F. Roman Cabrasawan (Reg. No. 51,521) as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Send Correspondence To:

Michael K. Hsu, Esq.  
MARTINE & PENILLA, LLP  
710 Lakeway Drive, Suite 170  
Sunnyvale, CA 94085  
Customer No. 25920

Direct Telephone Calls To:

Michael K. Hsu at telephone number (408) 749-6900 Ext. 6924

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of

Sole or First Inventor: Adrian Kiermasz

Citizenship: Great Britain

Inventor's signature: Adrian Kiermasz

Date of Signature: 12/12/03

Residence: (City) Union City

(State/Country) California, U.S.A.

Post Office Address: 125 Elderberry Lane, Union City, California 94587

Full Name of Second Joint

Inventor (if any): \_\_\_\_\_

Citizenship: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Residence: (City) \_\_\_\_\_

(State/Country) \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full Name of Third Joint

Inventor (if any): \_\_\_\_\_

Citizenship: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Residence: (City) \_\_\_\_\_

(State/Country) \_\_\_\_\_

Post Office Address: \_\_\_\_\_